

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American College of Physician Services Inc PAC; aka ACP Services PAC

ADDRESS (number and street) 25 Massachusetts Ave
Suite 700
Washington DC 20001-7401
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00403881

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
☐ July 15 Quarterly Report (Q2)
☐ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE)
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
☐ Termination Report (TER)

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☒ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

- (c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
PRE-Election Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
POST-Election Report for the:

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 10 01 2015 through M M M / D D D / Y Y Y Y Y Y 10 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr Richard L Trachtman Esq

Signature of Treasurer Mr Richard L Trachtman Esq [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 06 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Physician Services Inc PAC; aka ACP Services PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
10 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		49997.17
(b) Cash on Hand at Beginning of Reporting Period.....	88624.09	
(c) Total Receipts (from Line 19)	4825.00	113310.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	93449.09	163307.17
7. Total Disbursements (from Line 31)	6181.81	76039.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	87267.28	87267.28
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Physician Services Inc PAC; aka ACP Services PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3850.00	89050.00
(ii) Unitemized	975.00	24260.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	4825.00	113310.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	4825.00	113310.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	4825.00	113310.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	4825.00	113310.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	181.81	3539.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	181.81	3539.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	72500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6181.81	76039.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6181.81	76039.89

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4825.00	113310.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4825.00	113310.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	181.81	3539.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	181.81	3539.89

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 11
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial) A. Roger Wade Bush MD MACP		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2015 Transaction ID : C3183383	
Mailing Address 3841 Cascadia Ave S City State Zip Code Seattle WA 98118-1128		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Billings Clinic Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) B. Robert M Centor MD MACP		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2015 Transaction ID : C3180608	
Mailing Address 4975 Spring Rock Rd City State Zip Code Mountain Brook AL 35223-1642		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation UAB Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Dennis Wesley Cope MD FACP		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2015 Transaction ID : C3183405	
Mailing Address 21 Mollison Dr City State Zip Code Simi Valley CA 93065-5382		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation N/A Retired			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)..... ▶		2500.00	
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 11

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. Tanveer P Mir MD MACP

Mailing Address 100 Shore Rd

City

Cold Spring Harbor

State

NY

Zip Code

11724-1104

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYU Langone Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2015			

Transaction ID : C3181796

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Patricia E Sadler MD FACP

Mailing Address 203 E Walnut St

City

Clinton

State

SC

Zip Code

29325-2848

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2015			

Transaction ID : C3117139

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Richard John Seitz MD FACP

Mailing Address 1705 Laguna Dr

City

Fremont

State

NE

Zip Code

68025-9783

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fremont Health Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2015			

Transaction ID : C3122734

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 11

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. Peter Charles Smith MD FACP

Mailing Address 4420 Crane Ct

City
LovelandState
COZip Code
80537-8901FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Colorado HealthOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			25			2015					

Transaction ID : C3178905

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

3850.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American College of Physician Services Inc PAC; aka ACP Services PAC

Category/
Type

31.10

Category/
Type

Age Group	Percentage
18-24	125.71
25-34	~100
35-44	~100
45-54	~100
55-64	~100
65-74	~100
75-84	~100
85+	~100

Category/
Type

25.00

Age Group	Percentage
18-24	181.81
25-34	~10
35-44	~10
45-54	~10
55-64	~10
65-74	~10
75-84	~10
85+	~10

Age Group	Percentage
18-24	181.81
25-34	~10
35-44	~10
45-54	~10
55-64	~10
65-74	~10
75-84	~10
85+	~10

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. Andy Barr for Congress

Mailing Address PO Box 2059

City	State	Zip Code
Lexington	KY	40588-2059

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Andy Barr

Office Sought:	Disbursement For:
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: KY District: 06	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : D168924

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Doyle for Congress Committee

Mailing Address 205 Hawthorne Ct

City	State	Zip Code
Pittsburgh	PA	15221-4400

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Mike Doyle

Office Sought:	Disbursement For:
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: PA District: 14	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : D168623

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kurt Schrader for Congress

Mailing Address PO Box 3314

City	State	Zip Code
Oregon City	OR	97045-0308

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Kurt Schrader

Office Sought:	Disbursement For:
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: OR District: 05	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2015

Transaction ID : D168936

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American College of Physician Services Inc PAC; aka ACP Services PAC

Three digital displays showing the date 10/30/2015 in MM/DD/YYYY format. The first display shows '10' for the month, the second shows '30' for the day, and the third shows '2015' for the year. Each display has small letters above the digits indicating the unit: 'M' for month, 'D' for day, and 'Y' for year.

Category/
Type

1000.00

MM / DD / YYYY

Category/
Type

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75-84	40%
85+	45%

State: District:

2000.00

6000.00